



SEWER REPAIR PERMIT APPLICATION
ALLENSTOWN WASTEWATER TREATMENT FACILITY
 35 Canal Street, Allenstown, NH 03275 Tel: (603) 485-5600



APPLICANT

PROPERTY OWNER(S)

Name: _____
 Address: _____
 City: _____
 Tel #: _____

Name: _____
 Address: _____
 City: _____
 Tel #: _____

I/We hereby apply for a permit to repair the private lateral sewer located at: _____

This property consists of (enter number of units):
 _____ Residential units _____ Commercial units _____ Industrial units

The following problem needs to be rectified:

IN CONSIDERATION OF THE GRANTING OF A PERMIT TO REPAIR TO THE SEWER, THE UNDERSIGNED HEREBY AGREE:

- 1. To comply with by all provisions of the Town of Allenstown Sewer Use Ordinance**
- 2. To maintain the private sewer service (at no expense to the Town), up to and including the connection to the public sewer.**

 (Applicant signature) Date

 (Owner's signature) Date

Repair is to be performed by:

Company Name: _____
 Address: _____
 City/State/Zip: _____
 Phone number: _____

*Once repair permit application has been submitted and approved, the person responsible for completing repair **MUST** sign construction repair approval before commencing work.*

NOTICE:

This document is not a permit to connect to the municipal sewer. Applicants must receive written approval to do so. Approval to connect shall only be issued after payment of appropriate fees and completion of application process. Failure to comply with the Sewer Use Ordinance may result in substantial penalties. THIS PERMIT EXPIRES 30 DAYS AFTER APPROVAL.

*****THIS SECTION FOR OFFICIAL USE ONLY. DO NOT FILL IN.*****	
Application approved: _____	Permit Fee Paid: \$ _____
Superintendent, AWTF	Date

EXHIBIT "A"

PROPOSED INSTALLATION:

SCALE= _____

Please show all appropriate information

